

Supplemental Contract Hire Form

Name _____

Supervisor _____

Supplemental Position _____
(Job title for supplemental contract – **NOT** current job title)District **AND** Building _____Job Description on File? Yes No
(Will not be taken to Board until on File)Student's Name _____
(If Student Attendant)

Rehired Retire: Y or N

District or Grant to Charge _____

Retirement System: STRS or SERS

Program Costs: Yes No

List Program _____

1'st Day of Work	Sal Sch / Degree & Step or N/A	Hrs Per Day	Days Per Week	Max Hrs? If so, how many?
_____	_____	_____	_____	_____

Last Day of Work

_____	_____
Authorizing School Official Signature	Date

Salary Information
(Payroll use only)

Time Slips Y N

Salary _____

Contract Days _____

Bi-weekly _____

of Pays _____ # of Pays in FY _____

Daily Rate _____

Budget Account:

Hourly Rate _____

_____ %

1st Day of Work _____ Last Day _____

_____ %

1st Pay _____ Last Pay _____

_____ %

JOBSCN:

Pay Group: _____ Calendar: _____ Bld Code: _____

City Tax Codes: _____

Estimated Days _____ Estimated Salary _____

Board Meeting Approval: _____**ATOD Internal Use Only – Hours to Estimate in Budget** _____

(cfo/files hd/forms/payroll/supplemental.docx)

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Cost Stmt |
| <input type="checkbox"/> | Program Stmt |
| <input type="checkbox"/> | Classified Alpha SS |
| <input type="checkbox"/> | Cert/Class Budget SS |
| <input type="checkbox"/> | Insurance SS - FYE |
| <input type="checkbox"/> | Salary SS - FYE |
| <input type="checkbox"/> | Appropriations |
| <input type="checkbox"/> | Service Agreement |
| <input type="checkbox"/> | EE Data SS – AF Comply |